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October 31, 2016

## Statewide Medicaid Managed Care (SMMC) Policy Transmittal

### Policy Transmittal: 16-33

Applicable to:

- Comprehensive Long-term Care (LTC) Plan
- Managed Medical Assistance Health Maintenance Organization
- Managed Medical Assistance Provider Service Network
- Managed Medical Assistance Specialty Plan
- Children's Medical Services (CMS) Plan

Applicable to enrollees in:

- Managed Medical Assistance (MMA)
- Long-term Care (LTC)

### Re: Ad Hoc Request for Select Healthcare Effectiveness Data and Information Set (HEDIS) Measure Details

The managed care plan may be required to provide the Agency or its agents information or data relative to this contract. In such instances, and at the direction of the Agency, the managed care plan must fully cooperate with such requests and furnish all data or information in a timely manner, in the format in which it is requested. The managed care plan must have at least thirty (30) days to fulfill such ad hoc requests, unless the Agency directs the managed care plan to provide data or information in less than 30 days. The managed care plan must verify that data and information it submits to the Agency is accurate. (Attachment II, Section II.D.2.<sup>1</sup>)

The managed care plan must collect statewide data on enrollee performance measures, as defined by the Agency and as specified in the SMMC Performance Measure Table, the Managed Care Plan Report Guide, and the Performance Measures Specifications Manual. (Attachment II, Section VII.B.1.a.<sup>2</sup>) The purpose of this policy transmittal is to notify managed care plans of an ad hoc reporting requirement to provide enrollee details for certain performance measures that have been submitted to the Agency.

The managed care plan submitted the following performance measure components to the Agency on July 1, 2016 (representing calendar year 2015):

- Follow-up Care for Children Prescribed ADHD Medications – Initiation
- Antidepressant Medication Management – Acute
- Follow-up after Hospitalization for Mental Illness – 7 Day
- Follow-up after Hospitalization for Mental Illness – 30 Day

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<sup>1</sup> The citation for the CMS plan contract is Attachment I, Section II.D.2.

<sup>2</sup> The citation for the CMS plan contract is Attachment I, Section VII.B.1.a.



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This ad hoc request requires the managed care plan to report the Medicaid identification (ID) number and social security number for each enrollee in the eligible population for each of the four measure components listed above, and submitted to the Agency on July 1, 2016 (representing calendar year 2015). The managed care plan must submit this data to the Agency, using an Excel file modeled after the attached example template. As indicated in the example template, the nine (9)-digit Medicaid recipient IDs should include leading zeros (if applicable), and each measure component's eligible population details should be included in a separate, clearly marked tab within the Excel file. Please note: a separate list must be provided for each measure, and each list must include only those enrollees eligible for that specific measure.

The managed care plan must upload the requested information to the managed care plan's ad hoc report folder on the SMMC FTP site by close of business, ten business days from the date of this policy transmittal. The managed care plan must name the file using the following naming convention: \*\*\*YYMHPMELIGMEM.xlsx, where \*\*\* is the plan's three (3)-character identifier and YY is the two (2)-digit year. The managed care plan must include an attestation with the report submission, completed in accordance with the SMMC Managed Care Plan Report Guide.

If you have any questions, please contact your Agency contract manager at (850) 412-4004.

Sincerely,



Beth Kidder  
Interim Deputy Secretary  
for Medicaid

BK/sr  
Attachment